

## AECEVED.

JAN - 8 2010

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINE ETHICS COMMISSION

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name			Office:	
JOHN C. REBINSON			■ House ☐ Senate	
Mailing address	District	00404-00		
PO BOX 519	103			
City, zip code	ACTIVITIES OF THE PROPERTY OF	AND THE PROPERTY CONTRACTOR OF THE PROPERTY OF	Phone 462.5225	**************************************
RAYMOND 04071			462.5223	
PART 1. INCOM	E DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer fro economic activity of each employer.	om whom yo	ou received compensation of \$1,000 or	more. Specify the principal type	e of
Name of Employer		Address	Principal Type of Economic Activity of Employer	
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ROBENSON HOLDENOS Lec	Ove.s	20. 04270	April 1995	
				Vincenne
	SAN WINGOV WE FIRST		1 Additionals - Land to	
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		от в него в нег	- The second sec	(1980年·
	72 TV CTS Conforming		CONTRACTOR	
	Service of the servic			
	errikanskaberianskaberia	RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)		
A. List the name and address of your business,	if any, and l	ist the major areas of economic activity	/ from which you derived income	. If
associated with a partnership, firm, professional entity.	association,	, or similar business entity, list the maj	or areas of economic activity of t	hat
Name and Address of Business Entity	and a standard and a	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or simi	
			business entity)	200000
Name:		To come of the com	ey esterminatelestera	
Address:		machanica. Activities	MAAAAA	
Name:	ddaddallaneneneneproseerdanoonoonenoo <mark>qaayay</mark> y			vasidenerad
Address:		Sandah Addition	SAAA AAALOO OO	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			***************************************	

PART 2 (continued). INCOME DERIVED FF (For Legislators) who are self-en		<b>IENT</b>		
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	ore than 10% of your gro	rived such income. If this form of		
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: OXFORD TINBERLANDS LLC Address: POBOx 837 OXFORD, NE CH278	· in the state of	TINBER		
Name: Address:				
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-attorneys-attorneys) List your major areas of practice. If associated with a law firm, list the major area	at-law only.)			
Name and Address of Firm	Major Areas of Practi (self)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Name:		Marie Commission of the Commis		
Address:		7		
Name:	one: The resident of the shall have been able to be a finite and a finite and a second and a finite and a fin	More Price A material and a final contract of the Color o		
Address:		7)		
PART 4. OTHER SOURCES O	OF INCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f		s. If none, check the box.		
None	Appropriessed have let it is award it is 6000 and 1000 an	www.eeeenamantiiniiniiniiniiniiniiniiniiniiniiniinii		
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name:	No. of the second management of the second s	ikani merencepang panggapangang ang panggang panggang panggang panggang panggang panggang panggang panggang pa Panggang panggang pan		
Address:				
Name:				
Address:	10	4		
PART 5. REPORTABLE LIA	BILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yo areas of economic activity of each creditor. Do not list credit card liability or loans	u received during the re s from a relative. If none,	porting period, and list the major, check the box.		
□ None  Name: and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name: Address:	* A STATE OF THE S	DANSON Signate (State of the activity) of common common and activity and support activity and support activity		
Name: Address:	A CORT CONTRACTOR			

PART 6	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl. none, check the box.	lude gifts with an aggregate v	value of more than \$300 from a	single source. If
	\$284.654/million Architectural Artificitation (1984.4505) Artificitation (1984.654/million Architectural Artificitation (1984.654/million Architectural Artificitation (1984.654/million Architectural	umig neg til de ligt de ligt de ligt med der det i statist i sambas fram å der apsægsandigen pprægsjagligen ko	$q_{i_1,i_2,i_3,i_4,i_4,i_5,i_5,i_5,i_5,i_5,i_5,i_5,i_5,i_5,i_5$
Name of Source of Gift  1.	3.	Name of Source of Gift	
	ino oo ka taalaa ahaa ahaa ahaa ahaa ahaa ahaa a	OberSTAANSAA ESIMBAA ESIMSAA ASSAMBAAA AANA AANA AANA AANA E yo cuumuu ayoo ee garay ayoo ahaa ah U iyaa SSAA Aanaada Aada Aana E	Pellara Newerlind va dellinar / june er er julija juli (v Vellali IV vojaliska) (Antion Net
2.	4.		
	EPORTABLE HONORARI	a property and a second contract of the contra	
List the source of any honoraria accepted for appearances or	speeches related to your legi	islative responsibilities. If none,	check the box.
Name of Source of Honoraria		Name of Source of Honoraria	en gast il elisiopata Anglancia, andraŭejojo an esperitot tilma eta til na bart barelon elle
1.	3.	nati seriminan dia kenderi dan dan dia mengangan dia	CONTRACTOR
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	TATION BEFORE STATE		to all the
List each executive branch agency before which you represe box.	ented or assisted ouriers for o	compensation or any amount.	none, check the
None Name of Agency			Security and the security of t
Name of Agency  1.	3.	Name of Agency	
		CONTRACTION OF A TOTAL COLOR OF THE PROPERTY AND THE COLOR OF THE COLO	merinder i gilang i est kirjaging kind di dididek pind kaharak kanalak kanalak est est
2.	4.		
	NESS WITH STATE AGEN		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods or services with a va	alue in excess of
	A promitted michaele de la complete	All the stables and an energial production and account of the stables and the stables and a stable stable stables and account of the stables and account of	rison entermine device desperients propriettes programment of a misser of Science Heaville plan.
Name of Agency		Name of Agency	ANNE STATES CONTRACTOR CONTRACTOR AND STATES
1.			The state of the s
2.	4.		endenhamme = -
PART 10. INCOME RECEIVE	TO BY MEMBERS OF IM	APPLATE CAMILY	
List the type of economic activity representing each source of	of income of \$1,000 or more i	received by your spouse or don	mestic partner or
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	d of income represented. If yo	our spouse or domestic partner	received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of I	income:
Name:	1.	Spouse or 1.	STATE OF THE PROPERTY OF THE P
Job Title:	2. 3.	Domestic 2. Partner 3.	
		Dependent	I SAMADAMININE PORTITO CAPATA ANA ANTINI PARA BANGARANA PARA BANGA
If dependent child(ren) receive more than \$1,000 of income		Child Dependent	MELOS-64-FC to 1-4-f-amount organisation and contribution desiration for many representations and contribution of the contribu
for the reporting period, list only the type of economic activity and the kind of income.		Child	
	Haranes.	Dependent Child	

	PART	11. OFFICER OR DIF	RECTOR POSITION:		
any office, trusteeshi	nonprofit corporation, firm, ass p, directorship, or position of f a family member listed, indic	any nature. Indicate wh	ether you or a family he	eld the position and w	immediate family helo hether the position
☐ None					
0	rganization/Business and Address	Til	le Position I	Held Family Mem Name	
		THE RESERVE OF THE PROPERTY OF			
*****					
				:	
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		SIGNATUI	RE Manual Comment		
A Legislator who wil	lfully fails to file a required	statement is subject t	o a fine of up to \$100	D. (1 M.R.S.A. § 10	017-A)
1/h C	Signature		/	7 / 10 Date	
		ADDITIONAL INFO	RMATION		
Please provide any the information you	additional information beloare providing.	ow (and on additional	sheets if needed). In	ndicate the part or	section number for
Part/Section Number			et til fyrittighet fregmende flett i stakken som halle i ver en om mer som til se versom det pen uter et f. en signifyst flette	BBB gradual Article (Article Article A	en de de la companya
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